ATTENTION

1307563

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number of 8

SEC 1972 (6/02) 1



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response . . . 1



|  |   | <del></del>   |
|--|---|---|
| • ,  | theck if this is an amendment and name has chang<br>ted Partnership Interests of Aurora Equity Pa | ged, and indicate change.)                                  |
|  | <u></u>   |   |
| Filing Under (Check box(es) that   | ·   | X Rule 506  Section 4(6)  ULOE                              |
| Type of Filing:  | <u> </u>  |   |
|  | A. BASIC IDENTIFIC  | ATION DATA  |
| 1. Enter the information requested   | d about the issuer  |   |
| Name of Issuer (  c  | heck if this is an amendment and name has chang   | ged, and indicate change.)                                  |
| Aurora Ass   | ociates III L.P.  |   |
| Address of Executive Offices   | (Number and Street, City, State, Zij  | p Code) Telephone Number (Including Area Code)              |
| 10877 Wilshire Boulevard,<br>Address of Principal Business Op<br>(if different from Executive Office | ,   | (310) 551-0101 Telephone Number (Including Area Code)       |
| Brief Description of Business  |   |   |
| Type of Business Organization  | · · ·   | quiring controlling interests in exiting business entities. |
| ☐ corporation  | X  limited partnership, already formed  | Other (please specify):                                     |
| business trust   | limited partnership, to be formed   |   |
|  | Month   | Year \\V \\\V \\\Z 5 \\ 2005                                |
| Actual or Estimated Date of Incom  | rporation or Organization:  | O 4 X Actual Estimated                                      |
| Jurisdiction of Incorporation or C   | Organization: (Enter two-letter U.S. Postal Service<br>CN for Canada: FN for other foreign        | ID HEI  |

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:

| •       | Each executive office                         |         |                |       | •                                  | огане д | enerai and managing     | parm          | ers of partne | rsnip iss | uers; and                          |
|---------|---|---------|----------------|-------|------------------------------------|---------|-------------------------|---------------|---------------|-----------|------------------------------------|
| Charle  | Each general and man                          | naging  |                | mersi |                                    |         | F                       | $\overline{}$ | D't           | X         | Canada 1/2                         |
| Check   | Box(es) that Apply:                           | لــا    | Promoter       | L     | Beneficial Owner                   | Ц       | Executive Officer       | Ы             | Director      | لڪا       | General and/or<br>Managing Partner |
| Full Na | ame (Last name first, i                       | f indiv | idual)         |       |                                    |         |                         |               |               |           |                                    |
| Auror   | a Advisors III LLC                            |         |                |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Code)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           | X       | Promoter       |       | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ame (Last name first, i<br>d L. Parsky        | f indiv | ridual)        |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Code)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           | X       | Promoter       |       | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ame (Last name first, i<br>rd R. Crowell      | f indiv | ridual)        |       |                                    |         |                         |               |               |           | 0 0                                |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Code)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           | X       | Promoter       |       | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ame (Last name first, i<br>T. Mapes           | f indiv | ridual)        |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Code)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           | X       | Promoter       |       | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ame (Last name first, i<br>C. Hardy           | f indiv | ridual)        |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Ċode)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           | X       | Promoter       |       | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ime (Last name first, i<br>rd K. Roeder       | f indiv | ridual)        |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>Wilshire Boulevard,  |         |                |       | reet, City, State, Zip<br>CA 90024 | Code)   |                         |               |               |           |                                    |
| Check   | Box(es) that Apply:                           |         | Promoter       | X     | Beneficial Owner                   |         | Executive Officer       |               | Director      |           | General and/or<br>Managing Partner |
|         | ime (Last name first, i<br>Partners Fund, LLC |         | ridual)        |       |                                    |         |                         |               |               |           |                                    |
|         | ss or Residence Addre<br>outh Grand Avenue, 4 |         |                |       | eet, City, State, Zip (<br>A 90071 | Code)   |                         |               |               |           |                                    |
|         |   |         | (Lise blank sh | eet o | r conv and use additi              | onal c  | onies of this sheet, as | neces         | scan()        |           | ···                                |

2 of 8

|                      |  |  |   | В   | . INFOR                                | MATION                                    | ABOUT                                      | OFFERIN                    | <b>G</b>                     |                              |                   | Yes No     |   |
|----------------------|--|--|---|---|--|---|--|----------------------------|------------------------------|------------------------------|-------------------|------------|---|
| 1. Ha                | s the issue  | r sold, or                               | does the is                                   | suer inten                                  | d to sell, 1                           | to non-acc                                | redited in                                 | vestors in                 | this offeri                  | ng?                          |                   | X          |   |
|                      |  |  | Answer  | also in A                                   | ppendix, C                             | Column 2,                                 | if filing u                                | nder ULO                   | 3.                           |                              |                   |            |   |
| 2. Wł                | at is the m  | ninimum i                                |   | -   | -                                      |   | _  |                            |                              |                              |                   | N/A        |   |
|                      |  |  |   |   |  | · · · · · · · · · · · · · · · · ·         |  |                            |                              |                              |                   | Yes No     |   |
| 3. Do                | es the offe  | ring perm                                | it ioint ow                                   | nership of                                  | fa single ı                            | ınit?                                     |  |                            |                              |                              |                   |            | X |
|                      |  | -  |   |   |  |   |  |                            |                              |                              |                   |            |   |
| sio:<br>to l<br>list | n or similar<br>be listed is a<br>the name o   | remunerat<br>in associate<br>f the broke | ion for solic<br>ed person o<br>er or dealer. | citation of p<br>r agent of a<br>If more th | purchasers<br>broker or<br>an five (5) | in connecti<br>dealer regis<br>persons to | on with sal<br>stered with<br>be listed ar | es of securi<br>the SEC an | ties in the o<br>d/or with a | offering. If<br>state or sta | a person<br>ites, |            |   |
|                      |  | ame first, i                             | f individual                                  | 1)  |  |   |  | •                          |                              |                              |                   | ,          |   |
| Busine               | ss or Reside   | ence Addre                               | ess (Numb                                     | per and Stre                                | et, City, St                           | ate, Zip Co                               | de)  |                            |                              |                              |                   |            |   |
| Name                 | of Associate   | ed Broker o                              | or Dealer                                     |   |  |   |  |                            |                              |                              |                   |            |   |
| States               | n Which Po   | erson Liste                              | d Has Solic                                   | cited or Inte                               | ends to Soli                           | cit Purchas                               | ers  |                            |                              |                              |                   |            |   |
| (Cł                  | eck "All St  | ates" or ch                              | eck individ                                   | ual States).                                |  |   |  | ***********                |                              |                              | 🗀                 | All States |   |
| AL]                  | [AK]   | [ AZ ]                                   | [ AR ]  | [ CA ]                                      | [ CO ]                                 | [ CT ]                                    | [ DE ]                                     | [ DC ]                     | [FL]                         | [GA]                         | [ HI ]            | [ ID ]     |   |
| IL]                  | [ IN ]   | [ IA ]                                   | [ KS ]  | [ KY ]                                      | [ LA ]                                 | [ ME ]                                    | [ MD ]                                     | [ MA ]                     | [ MI ]                       | [ MN ]                       | [ MS ]            | [ MO ]     |   |
| MT]                  | [ NE ]   | [NV]                                     | [ NH ]  | [ NJ ]                                      | [ NM ]                                 | [ NY ]                                    | [NC]                                       | [ ND ]                     | [ OH ]                       | [ OK ]                       | [ OR ]            | [ PA ]     |   |
| RI]                  | [SC]   | [ SD ]                                   | [TN]  | [ TX ]                                      | [UT]                                   | [ VT ]                                    | [ VA ]                                     | [ WA ]                     | [WV]                         | [ WI ]                       | [WY]              | [ PR ]     |   |
| Full Na              | ime (Last n  | ame first, i                             | f individual                                  | 1)  |  |   |  |                            |                              |                              |                   |            |   |
| Busine               | ss or Reside   | ence Addre                               | ess (Numb                                     | per and Stre                                | et, City, St                           | ate, Zip Co                               | de)  |                            |                              |                              |                   |            |   |
| Name (               | of Associate   | ed Broker o                              | or Dealer                                     |   |  |   |  |                            |                              |                              |                   |            |   |
| States i             | n Which Pe   | erson Liste                              | d Has Solic                                   | cited or Inte                               | nds to Soli                            | cit Purchas                               | ers  |                            |                              |                              |                   |            | • |
| (Ch                  | eck "All St  | ates" or ch                              | eck individ                                   | ual States).                                |  |   |  |                            |                              |                              | 🛮 All             | States     |   |
| AL]                  | [ AK ]   | [ AZ ]                                   | [ AR ]  | [ CA ]                                      | [ CO ]                                 | [ CT ]                                    | [ DE ]                                     | [ DC ]                     | [FL]                         | [ GA ]                       | [HI]              | [ID]       |   |
| IL]                  | [ IN ]   | [ IA ]                                   | [ KS ]  | [ KY ]                                      | [ LA ]                                 | [ ME ]                                    | [ MD ]                                     | [ MA ]                     | [ MI ]                       | [ MN ]                       | [ MS ]            | [ MO ]     |   |
| MT]                  | [ NE ]   | [ NV ]                                   | [ NH ]  | [ NJ ]                                      | [ NM ]                                 | [NY]                                      | [NC]                                       | [ ND ]                     | [ OH ]                       | [ OK ]                       | [ OR ]            | [ PA ]     |   |
| RI]                  | [ SC ]   | [ SD ]                                   | [TN]  | [ TX ]                                      | [UT]                                   | [ VT ]                                    | [ VA ]                                     | [ WA ]                     | [ WV ]                       | [ WI ]                       | [ WY ]            | [ PR ]     |   |
| Full Na              | ime (Last n  | ame first, i                             | f individual                                  | 1)  |  |   |  |                            |                              |                              |                   |            |   |
| Busine               | Yes No s the offering permit joint ownership of a single unit?   |  |   |   |  |   |  |                            |                              |                              |                   |            |   |
| Name o               | LL   [AK   [AZ   [AR   [CA   [CO   [CT   [DE   [DC   [FL   [GA   [HI   [ID   L   [IN   [IN   [IA   [KS   [KY   [LA   [ME   [MD   [MA   [MI   [MN   [MS   [MO   MT   [NE   [NV   [NH   [NJ   [NY   [NV   [NV   [WI   [WY   [PR   UI   [NT   [VA   [WV   [WI   [WY   [VY   [VA   [WV   [WI   [WY   [VY   [VA   [WV   [WI   [WY   [VY   [VA   [WV   [VX   [VX |  |   |   |  |   |  |                            |                              |                              |                   |            |   |
| States i             | Does the offering permit joint ownership of a single unit?   |  |   |   |  |   |  |                            |                              |                              |                   |            |   |
| (Ch                  | eck "All St  | ates" or ch                              | eck individ                                   | ual States).                                |  |   |  |                            |                              |                              |                   | All States | 3 |
| AL ]                 | [ AK ]   | [ AZ ]                                   | [ AR ]  | [ CA ]                                      | [ CO ]                                 | [ CT ]                                    | [ DE ]                                     | [DC]                       | [FL]                         | [ GA ]                       | [ HI ]            | [ ID ]     |   |
| IL]                  | [M]  | [ IA ]                                   | [ KS ]  | [ KY ]                                      |  | [ ME ]                                    |  | [ MA ]                     | [ MI ]                       | [ MN ]                       | [ MS ]            | [ MO ]     |   |
| MT]                  |  |  |   |   |  |   |  |                            |                              | -                            |                   |            |   |
| RI]                  | [ SC ]   | [ SD ]                                   | [TN]  | [ TX ]                                      | [ UT ]                                 | [ VT ]                                    | [VA]                                       | [WA]                       | [ wv ]                       | [ WI ]                       | [WY]              | [ PR ]     |   |
|                      |  |  |   |   |  |   |  |                            |                              |                              |                   |            |   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS. 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Type of Security Offering Price Debt \$ \_\_\_\_\_ ☐ Preferred Common 6,200,000 Partnership Interests ......\$ Other (Specify \_\_ 6,200,000 Total ......\$ -Answer also in Appendix, Column 3, if filing under ULOE.

Amount Already

Sold

20,000

R

6,200,000 6,200,000 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 5,500,000 Accredited Investors 5 700,000 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Ouestion 1. Type of Dollar Amount Type of offering Security Sold N/A Rule 505 Regulation A ..... Rule 504 N/A Total ..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. • Transfer Agent's Fees Printing and Engraving Costs 20,000 Legal Fees B Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) П Other Expenses (identify)

4 of 8

Total .....

| :   | C. OFFERING PR  | ice, number of investors, expen  | šes and uš    | e of procee  | DS     | Maria Constant        |
|-----|---|--|---------------|--|--------|-----------------------|
|     | tion 1 and total expenses furnished in respons  | gregate offering price given in response to Part (<br>e to Part C - Question 4.a. This difference is the   | -             | ·····  |        | \$ 6,180,000          |
| 5.  | used for each of the purposes shown. If the are estimate and check the box to the left of the estimate and check the box to the left of the estimate. | I gross proceeds to the issuer used or proposed to<br>mount for any purpose is not known, furnish an<br>timate. The total of the payments listed must equal<br>rth in response to Part C - Question 4.b above. | be            |  |        |                       |
|     |   |  |               | Payments to<br>Officers,<br>Directors, &<br>Affiliates |        | Payments To<br>Others |
|     | Salaries and fees   |  |               | \$   |        | \$                    |
|     | Purchase of real estate   |  |               | \$   |        | \$                    |
|     | Purchase, rental or leasing and install   | ation of machinery and equipment   |               | \$   |        | \$                    |
|     | Construction or leasing of plant build  | ings and facilities  |               | \$   |        | \$                    |
|     | offering that may be used in exchange   | ding the value of securities involved in this for the assets or securities of another  |               | \$   |        | \$                    |
|     | Repayment of indebtedness   |  |               | \$   |        | \$                    |
|     | Working capital   |  |               | \$   |        | \$                    |
|     | Other (specify): Purchase of limited  | d partnership interests in Aurora Equity Partners i  | II L.P. 🗆     | \$   | X      | \$ 6,180,000          |
|     | who will acquire controlling interests  |  |               | •  |        |                       |
|     |   |  |               |  |        | \$                    |
|     | Column Totals   |  |               | s  | [X]    | s 6,180,000           |
|     | Total Payments Listed (column totals  | added)   |               | X \$_  | 6,18   | 0,000                 |
|     | 海上海海(水)等  | D. FEDERAL SIGNATURE   | . %.          |  | ;      | u steut i tak j       |
| fol | owing signature constitutes an undertakin   | igned by the undersigned duly authorized person<br>g by the issuer to furnish to the U.S. Securities a<br>y the issuer to any non-accredited investor pursu  | nd Exchange C | ommission, upon  | writte |                       |
| Iss | uer (Print or Type)   | Signature  | Date          |  |        |                       |
| Α   | urora Associates III L.P. *   | Reland kRoeden   | October 17    | , 2005   |        |                       |
| Na  | me of Signer (Print or Type)  | Title of Signer (Print or Type)  |               | -  |        |                       |

Richard K. Roeder

\*By: Aurora Advisors III LLC, its general partner

### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|      |            | . H . 43" |              | Personal Commercial Co |       |
|------|------------|-----------|--------------|--|-------|
| Y.Y. | <br>T \    |           | <b>n</b> v~: | VIA 1  | มหิซึ |
|      | <br>17. AL |           |              |  |       |
|      |            |           |              |  |       |

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions

of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
Aurora Associates III L.P.\*

Name of Signer (Print or Type) Richard K. Roeder Signature
R. Land K. Roeden
Title (Print or Type)

October 17, 2005

\* By: Aurora Advisors III LLC, its general partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

6 of 8

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| 1     |                      | 2   | 3  |                                      | 5 Disqualification   |  |        |          |    |
|-------|----------------------|---|--|--------------------------------------|--|--|--------|----------|----|
|       | to non-a<br>investor | I to sell<br>accredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |  |        |          |    |
| State | Yes                  | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes      | No |
| AL    |                      |   |  |                                      |  |  |        |          |    |
| AK    |                      |   |  |                                      |  |  |        |          |    |
| AZ    |                      | x   | LP Interests -<br>\$100,000  | 1                                    | \$100,000  |  |        | <u>.</u> |    |
| AR    |                      |   |  |                                      |  |  |        |          |    |
| CA    |                      | х   | LP Interests -<br>\$3,800,000  | 6                                    | \$3,700,000  |  |        |          |    |
| СО    |                      |   |  |                                      |  |  |        |          |    |
| CT    |                      |   |  |                                      |  |  |        |          |    |
| DE    |                      |   |  |                                      |  |  |        |          |    |
| DC.   |                      | X   | LP Interests -<br>\$400,000  | 1                                    | \$400,000  |  |        |          |    |
| FL    |                      | X   | LP Interests -<br>\$800,000  | 2                                    | \$800,000  |  |        |          |    |
| GA    |                      |   |  |                                      |  |  |        |          |    |
| HI    |                      |   |  |                                      |  |  |        |          |    |
| ID    |                      |   |  |                                      |  |  |        |          |    |
| IL    |                      | x   | LP Interests -<br>\$200,000  | 11                                   | \$200,000  |  |        |          |    |
| IN    |                      |   |  |                                      |  |  |        |          |    |
| IA    |                      |   |  |                                      |  |  |        |          |    |
| KS    |                      |   | ····   |                                      |  |  |        |          |    |
| KY    |                      |   |  |                                      |  |  |        |          |    |
| LA    |                      |   |  |                                      |  | .  |        |          |    |
| ME    |                      |   |  | -                                    |  |  |        |          |    |
| MD    |                      |   |  |                                      |  |  |        |          |    |
| MA    |                      | х   | LP Interests -<br>\$300,000  | 11                                   | \$300,000  |  |        |          |    |
| MI    |                      |   |  |                                      |  |  |        |          |    |
| MN    |                      |   |  |                                      |  |  |        |          |    |
| MS    |                      |   |  |                                      |  |  |        |          |    |
| мо    |                      |   | <u> </u>   |                                      |  |  |        |          |    |

APPENDIXT

| 1     |          | 2   | 3  | 4 5 Disqualificati under State UI    |  |                                    |        |     |    |  |  |
|-------|----------|---|--|--------------------------------------|--|------------------------------------|--------|-----|----|--|--|
|       | to non-a | l to sell<br>accredited<br>is in State<br>I-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                    |        |     |    |  |  |
| State | Yes      | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of Non-Accredited Investors | Amount | Yes | No |  |  |
| MT    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NE    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NV_   |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NH    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NJ    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NM    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NY    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| NC    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| ND    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| ОН    |          | Х   | LP Interests -<br>\$200,000  | 1                                    | \$200,000  |                                    |        |     |    |  |  |
| ок    | ·        |   |  |                                      |  |                                    |        |     |    |  |  |
| OR    |          | _x  | LP Interests -<br>\$500,000  | 1                                    | \$500,000  |                                    |        |     |    |  |  |
| PA    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| RI_   |          |   |  |                                      |  |                                    |        |     |    |  |  |
| SC    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| SD    |          |   |  |                                      |  | ·                                  |        |     |    |  |  |
| TN    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| TX    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| UT    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| VT    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| VA    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| WA    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| wv    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| WI    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| WY    |          |   |  |                                      |  |                                    |        |     |    |  |  |
| PR    |          |   |  |                                      |  |                                    |        |     |    |  |  |